



Liability Release:

The Event: The Catawba County Hornets Football Clinic

Football Skills Clinic held on Saturday, July 15, 2006

The Child: _____ (Name)

Address: _____

Football Skills Clinic is a NON-Contact camp

In consideration of the Child's right to participate in the Event, I agree as follows:

1. I authorize the Child to participate in the Event.
2. **I acknowledge that the Child's participation in the Event involves risk of serious bodily injury, death, and/or property damage.** I assume and accept all risk of bodily injury, death, property damage and other harm connected with the Child's participation in the Event. I acknowledge that I am responsible for any and all medical expenses due to the Child's illness or injury in connection with the Event.
3. **I acknowledge that the Event may involve strenuous and hazardous physical activities** and I certify that the Child is in excellent physical health and has no physical limitations that would prevent the Child from participating in the Event. I grant permission to the Camp Parties (defined below) to provide the Child with emergency medical treatment if needed.
4. In consideration of the permission given to us by the City of Newton for participation in its recreation department athletic programs, the considerations hereinafter described, and other valuable consideration, we the undersigned, do release the City of Newton and all recreation staff and their families from any and all claims, damages, or rights or action which my child may at any time have against said City and all such recreation staff members by reason in injury or damage of any type whatsoever which my child may suffer while engaged in such activities. This release is valid during the years my child participates. I release the sponsors, organizers or any of the supervisors appointed by them of any or all liability.

SIGN NAME: _____

PRINT NAME: _____

DATE: _____

